

S. No. 2
M-2-43
7-5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19728

FILED JUN 24 1946

State File No. _____

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Jina
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN F WILKERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 25 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Hanson Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Samuel S Wilkerson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary J

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Bower

(b) Address Jina, Mo

17. (a) Burial (b) Date thereof 6-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Stadler & Luban

(b) Address Carrollton, Mo

19. (a) 6/5/46 (b) Ma Herbert Alford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from June 2 1946 to June 4 1946 that I last saw him alive on June 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertensive cardiac vascular disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy U.S.O

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. M. Atwood (M. D. or other) MD

Address Carrollton Date signed 6/5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18603

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-20-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.